

UMASS
AMHERST
LABOR CENTER

**Stressed, Unsafe, and Insecure:
Essential Workers Need A New, New Deal**

*Clare Hammonds
Jasmine Kerrissey
Donald Tomaskovic-Devey*

Labor Center
Center for Employment Equity
University of Massachusetts Amherst

June 5, 2020

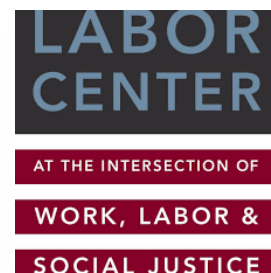
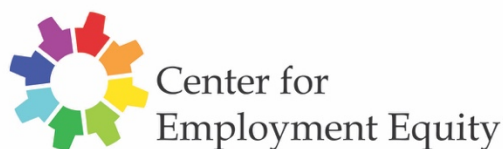
WORKING PAPER SERIES

This project is a collaboration between the UMass Labor Center and the Center for Employment Equity.

The Center for Employment Equity (CEE) is committed to data driven analyses of progress and regress toward employment equity in the United States. CEE receives support from the University of Massachusetts and the W.K. Kellogg Foundation.

The Labor Center is one of the nation's premier graduate programs in Labor Studies. The Center also conducts research that explores the changing nature of work and workers' organizations, and what these changes mean for workers. We receive funding from the Massachusetts legislature through the Future of Work in Massachusetts Project.

We would also like to thank Joo Hee Han, Rodrigo Dominguez-Villegas and J.D. Swerzenski for their comments and research and communications support.



Stressed, Unsafe, and Insecure: Essential Workers Need A New, New Deal

Clare Hammonds
Jasmine Kerrissey
Donald Tomaskovic-Devey

Executive Summary

We surveyed over 2500 essential workers in Massachusetts from April 24 to May 1, 2020. Six weeks into the COVID-19 shutdown, we found that essential workers—our national heroes—faced widespread safety, stress, and family insecurity hardships. With some of the strongest labor protections in the country, Massachusetts is probably one of the best states to be an essential worker. The hardships we found for essential workers in Massachusetts are likely to be even worse elsewhere in the country.

The majority of workers feel unsafe at work and are unable to practice social distancing. A substantial minority of essential workers lack access to basic safety equipment like hand sanitizer and supportive health related policies like paid time off when they or family members get sick. Stress has skyrocketed for most essential workers, linked to overwork, employer neglect of basic safety precautions, belligerent customers, and uncertainty about exposure. Large numbers experience food, childcare, and housing insecurities.

Low wage workers face the worst employer health and safety practices, making them fear for their lives and the health of their families. If they quit, they are not eligible for unemployment, they lose employer provided health insurance, and many have little in savings to survive without working. Even though they are still earning their paychecks, and in some cases topped off with hazard pay, the number of low wage workers reporting food, childcare, and housing insecurity is astronomically high. Low wage workers are disproportionately women and people of color, and it is these essential workers who shoulder the heaviest burden of the pandemic.

Key findings include:

- The majority of essential workers do not feel safe at work (60%), are unable to practice social distancing (71%), and experience increased stress (86%).
- Many employers do not provide proper safety gear. Some essential workers do not have access to masks (15%), hand sanitizer (15%), regular hand washing (10%), and roughly one in three have not received training on preventing COVID-19 transmission (31%).
- Grocery and retail workers face an additional problem: belligerent customers. Workers report rudeness and aggression from some customers when trying to implement social distancing and other COVID-19 store policies.
- 43% of essential workers are low wage, earning less than \$20/hour, and these workers are worse off in all dimensions than higher wage essential workers.
 - Low wage workers are 2 to 3 times less likely to have safety gear, paid sick days, or health insurance. African American and Latino low wage workers are the most at risk.
 - Low wage workers are also unable to consistently meet basic needs, including being 4 times more likely to face food insecurities and to have used a food bank in the past week. These disturbing patterns are consistently worse for African American and Latino workers.

Our policy recommendations include:

- Immediately, Massachusetts and the nation need clear and enforceable workplace safety requirements. Both corporate leadership and workers and their organizations need to be part of COVID-19 safety planning, paid sick days, and hazard pay for essential workers.
- Longer term we need a “New, New Deal” in which minimum wages are at least \$15/hour and pegged to inflation and all jobs must be covered by that minimum wage. Paid sick and family medical leave need to be generous and universal, unemployment insurance coverage rates need to rise to at least 60% of prior earnings, health insurance needs to be decoupled from employment, and families need to be made secure with a universal minimum incomes policy.

Table of Contents

- Introduction 6**
- Part I: Essential Workers in a National Context..... 7**
- Part II: The Essential Worker Survey 8**
 - Safety at Work..... 10*
 - Inability to Practice Social Distancing..... 11
 - Inadequate PPE and Training 12
 - Employer Responses to COVID-19..... 16*
 - Stressed Out at Work..... 18*
 - Overworked..... 19
 - Belligerent customers 20
 - Uncertainty About Exposure..... 22
 - Family Insecurity..... 23*
 - Food 23
 - Childcare 25
 - Housing..... 28
 - Comparing Surveys..... 28*
- Part III: We Need a New, New Deal Now..... 29**
 - Immediate Recommendations..... 31*
 - New, New Deal Policies..... 32*
 - Jobs with Dignified Pay..... 32
 - Universal access to health care 34
 - Family income security 35
- Methodology..... 35**

Introduction

Only a few months ago low wage workers in the U.S. were largely treated as disposable, the victims of their own choices and societal neglect. In the wake of the COVID-19 pandemic it is now apparent that these disposable workers are essential.

Of course, this was always the case. We needed food, postal delivery, firefighters, warehouse workers, and hospital cleaning staff before the pandemic. What also became clear during the pandemic is the fundamental class divide between those who could work from home and those who could not. Sheltering at home is a luxury reserved primarily for those with secure incomes and white collar jobs. For the society to continue, many workers had to go to work in order to feed and protect the rest of us.

In this report we describe what is happening to these essential workers during the pandemic. We draw from new survey data on the experiences at work and at home of the workers who stayed on the job, taking care of the rest of us. These data come from just one state—Massachusetts—but are instructive for how we should be thinking about policy responses in general, particularly after the pandemic passes.

Massachusetts, in many ways, has some of the strongest labor market protections in the U.S., including a \$12.70 minimum wage, 97% health insurance coverage, and paid sick leave. One thing we can be pretty sure about is that whatever is happening to essential workers in Massachusetts, it is probably worse in many other states. Because we can see how poorly essential workers are faring in Massachusetts during the pandemic, we can also conclude that even being a very good state is not good enough to ensure that essential workers are treated as integral parts of our society and not disposable cogs in our low wage, precarious economy. This report is organized in three parts. In part one we put the lives of low wage essential workers in Massachusetts into the national context, where most states have more low wage work, less insurance coverage, and more people who must work even if they get sick. In the second part, we document the working and home lives of essential workers during the pandemic. We discover a grim picture of heightened stress, incomplete protection, surly customers and household distress. Finally, we discuss the policy responses that must happen next to protect all workers from the high risk labor market that has developed across the U.S. The lesson in this last section is that simply emulating leader states like Massachusetts is not enough. To produce a resilient, respectful society we need to fundamentally adjust how we provide health care and insure workers and families against both extraordinary and normal fluctuations in the economy. We outline a series of pandemic emergency policy fixes, followed by more fundamental shifts in the U.S. labor market, health care, and income policy.

Part I: Essential Workers in a National Context

Massachusetts has some of the best social policies governing working conditions in the U.S. Massachusetts is one of only ten states that has a paid sick leave law, whereby employers with more than 10 workers must pay up to 40 hours of paid sick leave a year.¹ In 2019, Massachusetts also became one of only a handful of states to begin the implementation of paid family medical leave with a goal to begin offering benefits in July 2021.² The 2020 Massachusetts minimum wage is among the highest in the nation: \$12.70 per hour, and slated to rise to \$15 an hour by 2023. In Massachusetts 29% of all workers earn under \$15 an hour. This may seem shockingly high until you compare it to the national rate—40% of all jobs in the U.S. pay less than \$15 an hour. In much of the deep South, as well as Idaho and Montana, more than half of all jobs pay less than \$15 an hour. As we discuss below, we found that essential workers earning between \$15 and \$20 an hour share many of the same safety, stress, and household hazards. Forty-three percent of Massachusetts jobs pay under \$20 an hour; nationally this is 55%, more than half of all jobs. We also estimated these proportions limited to people employed in essential industries and the proportions were quite similar. In Massachusetts and elsewhere in the U.S. these low wage jobs are disproportionately filled by women and minorities. Our point is that while we found low wage workers to be particularly at risk for pandemic related hazards in our Massachusetts sample, we can expect that these problems are much more widespread elsewhere in the U.S., where even more people labor in essential but poorly paid jobs.

In addition to the relatively high minimum wage, Massachusetts also entered the pandemic with the highest rate of health insurance in the country at 97%.³ The Massachusetts public-private health care system was the model for the federal Affordable Care Act, also known as Obamacare. The most important differences in health coverage between Massachusetts and the rest of the country is that only 3.2% of Massachusetts workers have no health insurance at all. Nationally these numbers are three times higher, with 10% of the labor force uninsured. Similar to elsewhere in the U.S., 75% of Massachusetts workers' health insurance is tied to their job. Nationally 70% of workers rely on employer provided health insurance. Many workers who fear

¹Barreiro, S. (2018). Paid Sick Leave in Massachusetts. Retrieved June 1, 2020, from <https://www.nolo.com/legal-encyclopedia/paid-sick-leave-in-massachusetts.html>

²Paid Family and Medical Leave (PFML) fact sheet. (n.d.). Retrieved June 1, 2020, from [https://www.mass.gov/info-details/paid-family-and-medical-leave-pfml-fact-sheet#how-is-pfml-different-fmla-\(family-and-medical-leave-act\)?](https://www.mass.gov/info-details/paid-family-and-medical-leave-pfml-fact-sheet#how-is-pfml-different-fmla-(family-and-medical-leave-act)?)

³United Health Foundation (2020). *Public Health Impact: Uninsured: Massachusetts* ed. Available at: <https://www.americashealthrankings.org/explore/annual/measure/HealthInsurance/state/MA>. Accessed June 1, 2020.

contracting COVID-19 must go to work both to feed their families and to keep their health insurance.

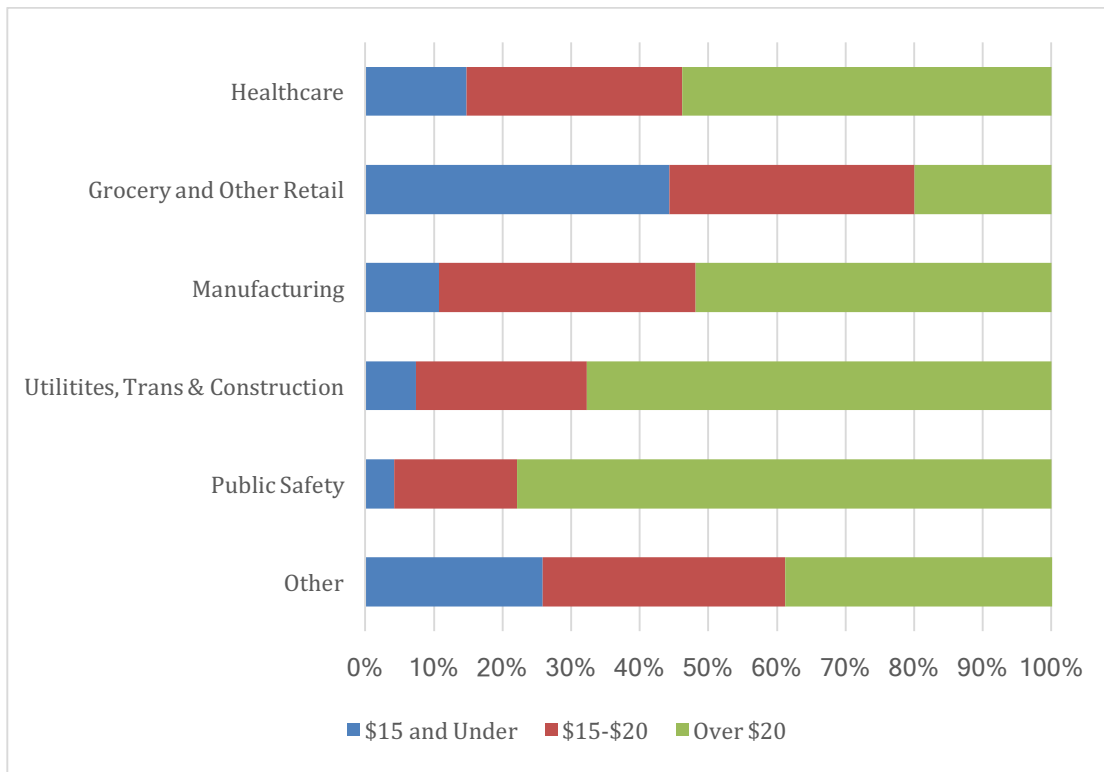
Part II: The Essential Worker Survey

We used targeted Facebook advertisements to locate people who were at work (i.e. not working from home) between April 24th and May 1st in Massachusetts.

The 2,558 responses we received came from a wide range of occupations and from all of the key industries in which essential workers can be found. The majority of those who responded however, were low-wage workers, with 53% earning under \$20 per hour and 21% earning less than \$15 per hour. Many of these low wage workers were front-line workers, working directly with the public in healthcare and retail.

Focusing in particular on the low wage respondents we find that the largest proportion of workers earning under \$15 an hour could be found in the grocery and retail sectors (44% earn less than \$15 per hour). The pandemic has revealed how vital many of these low wage jobs are to maintaining the economic stability of our communities. Many of these jobs have few formal education requirements and few barriers to entry. Decades of erosion of labor market institutions, including the minimum wage and union coverage, coupled with policies that have weakened labor protections, have combined to undermine the power of these workers to demand respectful treatment from employers and customers or to negotiate for living wages and respectful conditions on the job.

Figure 1. Wages of essential worker respondents, by industry



Overall, 69% of essential workers are women. This high proportion of women fits with other analyses that have found that one in three jobs held by women nationally has been designated as “essential”.⁴ There are particularly high numbers of women in healthcare (87%) and in grocery and other retail (65%).

Among respondents, women are more likely to be in low wage positions (24% of female respondents earned under \$15 per hour compared to 15% of male respondents). Women are also more likely than men to be in the highest wage category with 19% earning over \$31 per hour compared to 15% of men. This reflects the high number of women in healthcare (57%), where there are some of the lowest paying essential jobs like personal care attendants and certified nursing assistants, as well as a greater number of higher paid, skilled and heavily unionized occupations such as nursing.

The essential workers who responded to our survey also tend to be relatively young; 68% are under the age of 35. Workers under the age of 24 are also more likely than older workers to make under \$15 per hour—46% of respondents under the age of 24 as compared to 18% of

⁴Robertson, C., & Gebeloff, R. (2020). How Millions of Women Became the Most Essential Workers in America. Retrieved June 1, 2020, from <https://www.nytimes.com/2020/04/18/us/coronavirus-women-essential-workers.html>

respondents between 25 and 34 and 13% of respondents between the age of 35 and 44. This difference largely disappears among workers earning between \$15-\$20 per hour.

Of the survey respondents, 84% are white non-Latino, 2% are black non-Latino, 8% are Latino any race, and 3% are “Other”. The “Other” category combines groups that had small sample sizes, including Asian, Pacific Islander, and American Indian. Ninety-two percent are U.S.-born.

Hispanic respondents of any race are far more likely than other racial and ethnic groups to be earning under \$15 per hour (36% as compared to 20% of whites and 16% of blacks).

Black and women respondents are actually more likely than other racial and ethnic groups to be earning more than \$21 per hour. Both African Americans and women are particularly likely to work in healthcare, which has a greater number of higher wage jobs than other sectors.

Safety at Work

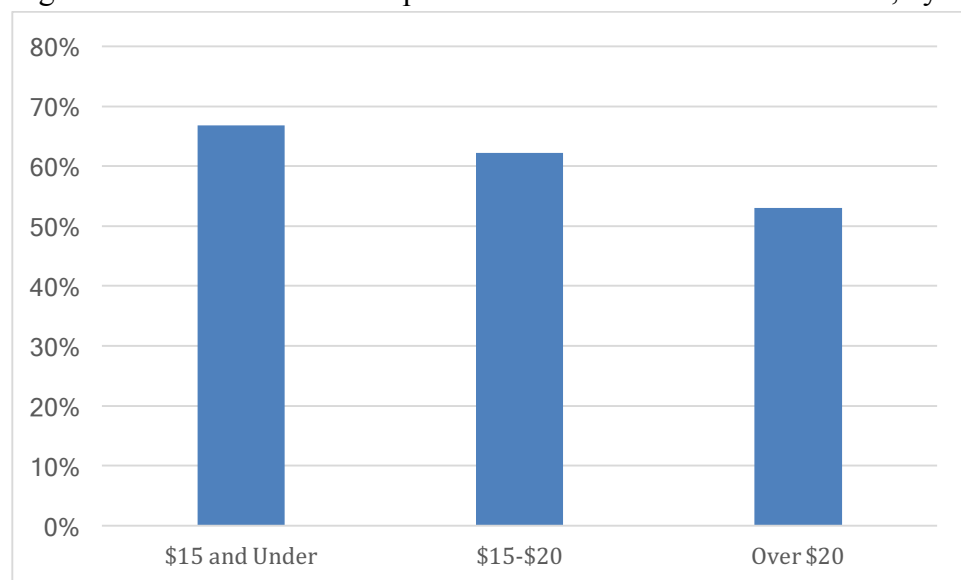
Safety at work is not only critical to workers’ health, it is also key to re-opening economies—and keeping them open. Six weeks into the Massachusetts shut down, a staggering number of essential workers did not feel safe at work. In the absence of safety improvements many of the unemployed may refuse to return to work as the economy opens up.

Over half of the survey respondents, 58%, report that they did not feel safe at work. Low wage workers and workers of color are particularly likely to feel unsafe. Among workers earning under \$15 an hour, 67% report that they did not feel safe at work. This percentage drops to 62% for workers earning \$15 to \$20, and to 53% for those earning over \$20 an hour.

Among workers in all wage categories, workers of color are more likely to report feeling unsafe at work. Seventy-three percent of Hispanic respondents report feeling unsafe at work, as do 70% of black respondents. Among white respondents 57% report feeling unsafe. Looking just at low wage workers (<\$20 per hour) these same patterns persist. Seventy eight percent of Latino low wage respondents and 72% of Black low wage respondents, report that they did not feel safe at work, compared to 62% of low wage white respondents.

What are the forces that contribute to so many workers not feeling safe in their workplace? Workers reported two primary sources: the inability to social distance and inadequate PPE and training.

Figure 2. Essential worker respondents who do not feel safe at work, by wage



Inability to Practice Social Distancing

Most essential workers (70%) report that they are unable to practice social distancing at work. The ability to social distance did not differ much by wage level. We discovered that both customers and employers share the blame for failure to abide by pandemic safety precautions.

Healthcare workers often provide direct care to patients, making social distancing impossible—they rely on high quality N-95 masks and other protective equipment to keep them safe, but are quite fearful nonetheless.

Large numbers of other workers also report that they are unable to practice social distancing. Grocery and other retail workers report frequent and close contact with customers. Many explain that their workplaces had more customers than they could safely accommodate, with some customers browsing for non-essential items.

One shelf stocker earning under \$15 writes, “*Since the lockdown everyone treats [large box retailer] like a social space. We are not allowed to hurry people out the building so people just loiter all over the store.*”

A cashier at a grocery store sums it up like this:

I’m making minimum wage while having to come into contact with hundreds of people every single day. I’m not able to practice social distancing. Customers are insanely rude and I have to deal with them.

Many describe feeling frustrated and scared about the lack of social distancing among customers, and employers who do not enforce social distancing practices. A bagger at a grocery store, earning under \$15 an hour, writes:

The general public is inconsiderate about associates' personal space and social distancing, especially with the baggers. They stand six feet apart but then when it's their turn they are all over the bagger especially trying to pick how they want it bagged. Even when reminded to give six feet they ignore.

A grocery worker earning under \$15 an hour explains:

It is chaos, some people do not respect social distancing at all, and get upset when you try to stay distant. I would be better off collecting unemployment right now, and my family would be safer too.

Many respondents express the wish that their employer would be more strict in following safety guidelines. One low wage grocery store worker explains that they want their employer to step in, “Customers are the problem. They need to either be forced by employer to do right thing or no longer allowed in.”

It is not only customers who disregard social distancing. Some respondents report that their workload has increased due to COVID-19, making it difficult to practice distancing themselves.

A low wage stocker at a grocery store explains:

...the only way to take in the truck or stock as quickly as we are required is for us to completely ignore social distancing and the aisle one ways ourselves. We need our work-load decreased in response to social distancing guidelines so that we can actually follow them.

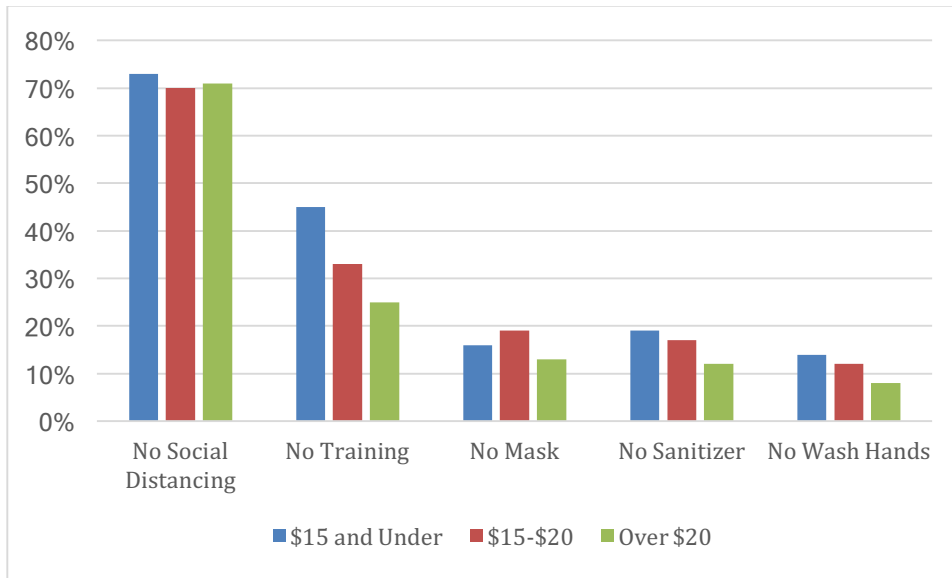
Inadequate PPE and Training

When workers are not able to practice social distancing, other safety practices are critical to preventing COVID-19 transmission, including training, access to masks and hand sanitizer, and the ability to wash hands regularly. The majority of essential workers in the survey report that they have access to these important measures. However, a substantial minority report inadequate safety procedures. Overall, thirty-one percent report that they have not received any employer training on how to prevent COVID-19 transmission. Additionally, between 10% and 20% of respondents report that they do not have access to masks, sanitizer, or regular hand washing opportunities. So while the majority of employers are following some basic safety procedures, there are enough not doing so to raise concern.

Low wage workers are the most likely to report inadequate employer safety practices, which helps explain why so many low wage workers report feeling unsafe at work. Workers earning under \$15 an hour have the highest deficiencies in training (45%), sanitizer (19%), and hand

washing (14%). As wages increase, workers have fewer issues. We see a slightly different pattern with masks. The lowest wage workers (under \$15 an hour) have slightly more access to masks than those earning \$15 to \$20 an hour. This may be because many large low wage employers, including supermarkets and WalMart, began to provide masks at the end of April.

Figure 3. Safety practices for essential worker respondents, by wage



Respondents' explanations illustrate how safety becomes undermined. Workers across multiple industries express concerns over inadequate PPE. One common theme is concerns over reusing masks. A firefighter writes:

I work in public safety as a firefighter. We've had a severe shortage of PPE since this began. We need more N95 masks/respirators. Most of us have been using the same masks for 6 weeks. We wear them on every 9-1-1 call. These masks are intended to be single use only and disposable. By now they are most likely contaminated and becoming less effective every day.

A baker explains:

We may be given face masks to wear, but we only receive 1. We are supposed to make 1 mask last for weeks at a time. They end up filthy, worn out elastics, holes in them, and smell dirty. We sweat a lot in the bakery which makes the masks wet, then have to go inside walk-in freezers and the masks freeze solid. We are constantly wiping at our faces, which causes us to touch our faces more in 1 hour while wearing a mask than we do in a whole 8 hour shift without wearing a mask.

A security guard also describes their lack of masks, writing:

People think being a Security Guard is a joke. They don't understand that we are the people you see every day coming in and out of your workplace. We get in contact

with everyone that enters the building we are securing. My company has not provided us with masks. My company has no hazard pay even though we currently make minimum wage.

A barista, earning under \$15 an hour, describes mask quality, *“They gave us cloth t-shirt cutouts for masks, which don't protect you any more than they protect us.”*

Some healthcare workers also describe inadequate PPE. One nursing home worker, earning between \$20 and \$30 an hour, writes *“This week we have staff wearing trash bags instead of gowns.”*

Proper fit is also an issue. An EMT earning \$15 to \$20 writes:

I spend 40+ hours a week in an ambulance helping people with confirmed positive COVID-19. The only N95 masks we have are large and I have been fit tested for small only. The eye protection is bigger than my head. We also reuse one N95 for an indefinite period of time.

Another issue is the training on how to wear masks and enforcing that employees and customers wear them. A grocery clerk writes:

We just started requiring masks to be worn by customers today 4/29 but there is nothing we can do if they take it off once inside, and while many are keeping them on, a lot of people wear the mask under their nose. Staff and customers alike frequently pull the masks down under their chin or take it off to talk.

Respondents also describe a lack of other critical supplies. An EMT explains that to:

...be stuck in a 6x10x box as an EMT, it sucks. Wish we had some sort of hazard pay, there's no hand sanitizer, no running water on the trucks, and we barely have enough gowns.

Some workers describe that the increased workload creates additional pressures on proper safety.

A food service worker explains:

While we wash our hands frequently and constantly wear gloves, we often times don't have enough time to sanitize between each customer which means if one of our customers is sick not only do they expose us to the virus several customers after will also likely be exposed.

Procuring supplies is a problem for both managers and workers. A manager of an oil company expresses their frustration with procuring adequate equipment:

We have PPE but it's becoming increasingly hard to find. Also when re ordering a lot of items are delayed and take weeks to come. Most PPE is reserved for

healthcare and police officers but oil companies are forgotten as we are essential too.

Some workers are expected to supply their own PPE. A personal care assistant earning between \$15 and \$20 an hour explains, *“I’m reliant on myself to obtain proper PPE, which is almost impossible due to people panic buying, and certain things being held for front-line individuals only.”*

The combination of not being able to socially distance and have inadequate PPE creates a feeling of inevitability for some workers. A corrections officer writes, *“Positive cases are happening daily in the prison for both inmates and staff. I feel like contracting the virus is inevitable.”*

Some expressed that they felt little power to improve their safety. A public safety officer writes, *“If I told people knew how poorly managed/enforced it is, I’d be fired.”* A fast food worker earning under \$15 an hour explains, *“We always had bad working conditions; you get used it.”*

Still, many respondents often had recommendations about what employers could do to provide better protection. A cashier at a big box retailer writes:

Allow even less people in the store....still seems too crowded. Consequences for customers who still remove their masks while shopping. Allow only 1 person per cart... people still coming in as whole families and large groups should be stopped before coming in. Security at [the] door should stop customers from coming in with banned reusable bags.

We did not collect a large enough sample to directly compare different employers' adherence to safety practices, but we suspect that there is a great deal of variation across employers. A national study of large retailers, done one month earlier than ours, showed that employer-provided face masks varied dramatically between firms.⁵ Among big box stores the study found that 41% of workers at Home Depot, but only 8% at Walmart had access to masks. In that study 71% of CVS workers had masks at work, but at Rite Aid it was only 17%. That same study found similar firm level variation, even in the same industry for other health practices. We cannot tell if the higher access to masks in our study reflects the focus on Massachusetts or that it was done one month further into the pandemic. We suspect that both are influential.

⁵ Schneider, D., & Harknett, K. The Shift Project (2020) “Essential and Unprotected: COVID-19-Related Health and Safety Procedures for Service-Sector Workers,” <https://shift.berkeley.edu/files/2020/05/Essential-and-Unprotected-COVID-19-Health-Safety.pdf>.

Employer Responses to COVID-19

We know that essential workers face risk of exposure to COVID-19. This section examines several types of employer policies that exist to protect essential workers from the health hazards of coming to work and to support them if they become sick. We find that low wage workers experience the least health security, but are more likely to get hazard pay, although most see it as inadequate.

Survey respondents were asked if their employer encouraged them to stay home if they felt sick. Health officials have warned that it is critical to stay home if sick, since COVID-19 is easily transmitted. Overall, 12% of respondents report that their employer did not encourage them to stay home if sick. This number rises to 17% for workers earning under \$15 an hour.

Low wage workers face multiple issues if they become sick. In addition to being less likely to be encouraged to stay home, they are also less likely to have paid sick days. One in three workers earning under \$15 an hour report that they do not have paid sick days. The number drops as wages increase, to 22% for workers earning between \$15 and \$20, and to 16% for those earning over \$20. Without paid sick days, workers, regardless of income, face a dilemma: lose wages or risk infecting their co-workers and customers. For low wage workers, this dilemma could mean a tradeoff between getting sick and being able to put food on the table, as we discuss below. A restaurant manager, who works full time, has no health insurance, and earns between \$15 and \$20, describes that she needs, “*paid sick leave so that if I get sick it won't also cause financial hardship.*”

A nurse explains the need for greater paid sick leave and hazard pay:

Nurses are overworked, exhausted, anxious, depressed, angry, and beyond emotional and overwhelmed. There is not enough supplies. Masks, gowns, face shields are all being reworn. Hospitals are refusing hazard pay, raises, paid sick leave for nurses who develop symptoms (which is inevitable at this point) while working on these patients.

Even those with paid sick days fear it is not enough. One worker with a pre-existing health condition writes:

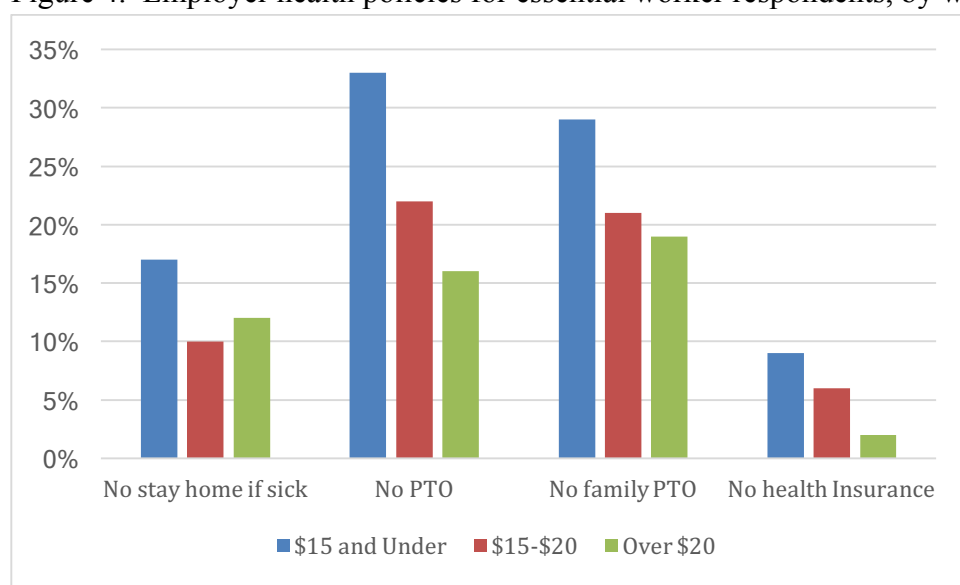
I'm scared and putting my life at risk for only an extra \$1 an hour in hazard pay - yet I can't stop working because I don't qualify for the stimulus or unemployment and I have bills that need to be paid. And my work will only give us 2 weeks paid sick leave if we are diagnosed with COVID-19.

Low wage workers are also less likely to be able to use paid time off to care for sick family members. Twenty-nine percent report that they are unable to do so, compared with 19% of those earning over \$20.

Low wage workers are also less likely to have health insurance. Nine percent of those earning under \$15 do not have health insurance, compared to 6% earning between \$15 and \$20, and only 2% earning over \$20.

Among all respondents, 55% have health insurance through their employer. This system makes it difficult for workers to quit, even if they face unsafe conditions. The prospect of losing health insurance during a global pandemic tethers workers to jobs. A worker explains how crucial it is for them to maintain their employer provided health insurance, *“I need insurance because I’m a more vulnerable individual and if I get covid I’ll probably die.”*

Figure 4. Employer health policies for essential worker respondents, by wage



Some workers report that they are receiving hazard pay during this period. These workers are concentrated in grocery and other retail (52.5% receiving hazard pay) and are more likely to be low wage workers. Twenty-eight percent of respondents earning under \$15 report receiving hazard pay, as did 37.1% of workers earning between \$15-20.

For many of the workers receiving hazard pay the amount feels insignificant.

One worker says:

Since the pandemic began, we have at least doubled if not tripled our sales. Only one person works at a time and it has been VERY stressful trying to restock, do inventory, deal with money, count tickets and now to sanitize about once an hour. I myself am a type one diabetic and are at a higher risk and I got a measly \$0.50 raise an hour.

Another retail worker points out:

[Omitted] has given employees an extra \$2 hazard pay bumping employees up to \$15/hr. However, [omitted] has been promising employees \$15 an hour by 2020 without ever giving us a date for that. This is not real hazard pay.

Explaining the limits of hazard pay, a grocery worker explains that what was needed was, *“REAL hazard pay not this 2 dollar bullshit that gets taxed like no tomorrow. It doesn't even get the time and a half on Sunday.”*

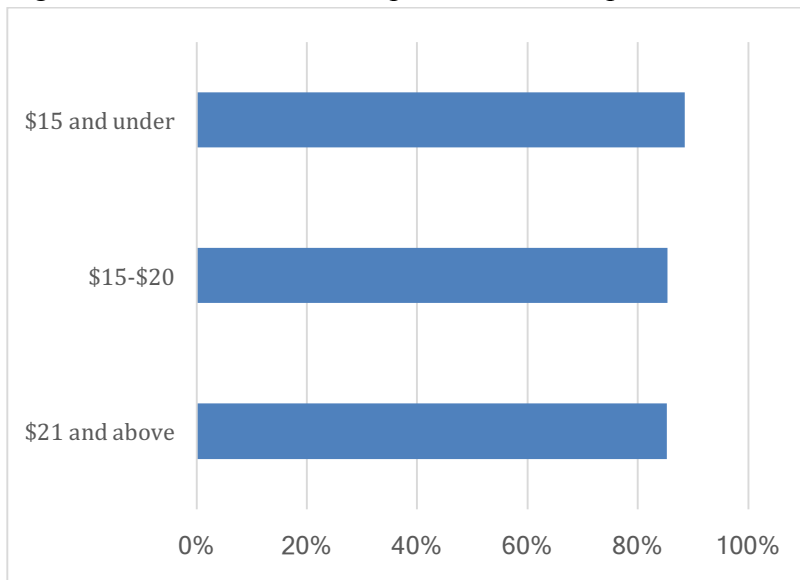
As the nation begins to open up and the nations' large employers like Target, Amazon, Krogers and Starbucks move forward to end hazard pay at the end of May, we are likely to see the percentages of workers receiving this hazard pay decline.⁶

Stressed Out at Work

The lack of safety protections on the job, coupled with a lack of employer support for workers translates into increased levels of stress across all industries and wage rates. Among respondents, a remarkable 87% say their stress has increased since the start of the pandemic. The issue of stress is even greater for the lowest wage category of workers. Among those earning under \$15 per hour, 91% say their stress has increased, compared to 84% of those earning over \$21 per hour. Remarkably high numbers of essential workers are suffering from going to work to support the rest of us.

⁶Grocery stores and coffee chains gave workers hazard pay. Now they're taking it back. (2020, May 13). Retrieved June 1, 2020, from <https://www.latimes.com/business/story/2020-05-13/starbucks-gave-its-employees-a-relieve-amid-the-pandemic-thats-ending-now>

Figure 5. Essential worker respondents who experience increased stress, by wage



Workers point to three key sources of stress. The first is the general increase in workload as business in the few open sectors of the economy intensifies and workers call out sick. Those remaining on the job feel the desperate crunch of this intensification. The second is customers who, growing increasingly frustrated with restrictions, abuse the essential workers who take the risk of supporting the rest of us. Finally, we highlight a particular source of stress coming from the uncertainty of and lack of information about the health status of their coworkers. Unsure if they have come into contact with a COVID-positive coworker, employees are forced to grapple with a staggering amount of uncertainty. We conclude by pointing to the role of the employer to help mitigate this stress.

Overworked

Over half of respondents (51.7%) explain that work has intensified for them during the pandemic. For low wage workers the problem again appears to be greater. Among those earning under \$15 per hour, 62% report that work had intensified on their job. The speed up at work has happened along a number of dimensions as both the demands of work increase, and staffing levels decline.

Among health care workers, the increase in acute patients and more workers out on sick leave means more work for those remaining. One nurse explains this situation saying that they have: More acute patient load with fewer staff on the unit. Some support staff refuse to enter covid rooms so nurses are doing more housekeeping, etc. in those rooms than normal. We are not being compensated with the extra work load nor the risks we are taking to provide patient care.

Another health care professional highlights the increased work of disinfecting that follows from a long day of exposure to COVID patients:

There are less employees due to testing and waiting for results. Work hours have increased because of this and I am doing 12+ hours a day instead of 8. We were provided one N95 mask to re-use on our COVID-19 unit and one pair of goggles. After working a long shift I have to drive an hour to get home. I then disinfect my car, immediately change my clothes and shower. Sometimes this is at midnight.

For those workers in retail, increased shopping and declines in the workforce also translate into huge increased burdens. One worker at a major retail chain explains:

We are experiencing a 275% increase in digital sales that we have to process and pick from the store, on top of regular guest traffic. We have almost 70 team members on leave. We are extremely busy, have way less employees and for the month of May [employer name omitted] slashed all hourly workers hours.

Similarly, a delivery driver explains, “*We are working like it’s Christmas delivering a lot of unimportant things.*” A restaurant worker at one of the establishments that has remained open during the pandemic describes the situation saying:

Restaurants that do takeout and delivery are overwhelmed with orders and customers. Employees are leaving because of the pandemic, which means we are understaffed while being twice as busy. Customers have much less patience than usual. Work days are increasingly stressful, and morale among staff is extremely low.

Belligerent customers

While workers in almost all industries talk about experiencing increased stress, grocery and other retail workers, who have the highest concentration of low wage workers, report nearly universally higher stress levels (93.5%).

One key reason for this is the high level of interaction with some customers who are reluctant, even belligerent, when asked to follow safety guidelines, and that employers are not always willing or able to enforce guidelines. In many cases it is the employees themselves who have become the enforcers, leading to increased levels of aggression and confrontation with customers. A grocery worker earning under \$15 per hour writes:

Customers are much more aggressive than usual. Normally, you might have 1 or 2 out of 100 that would act disrespectfully to an associate, but now it is more like 60% of customers are uncooperative with store guidelines and are rude to associates because of it.

Another grocery worker similarly explains:

We are all trying our best and working hard. We are not hiding any items from you. It is not our fault that you have to wear a face mask so when we say you need to wear one don't flip out and yell at us. We risk our lives for you to get a loaf of bread.

A worker at a hardware store, describes how these customer interactions have increased her daily levels of stress:

I used to enjoy my job. It was like working in a library; slow paced, quiet, low stress. Ever since the pandemic, we are busier than ever before because we're one of the few stores still open. People come in to buy non-essential items like bird seed, paint, and lawn fertilizer; nothing they couldn't live without. They are rude, entitled, ignorant, and downright cruel to those of us still working. Our staff of 15 has dropped to 5. 5 of us to cover all shifts seven days a week. We are not given hazard pay, a raise, or anything we deserve for putting our lives at risk. My stress is through the roof and I spend each day crying before and after work. A hardware store should NOT be an essential business.

Amidst this increased level of customer aggression workers describe needing more support from managers in enforcing the rules. One grocery worker describing this chaos and lack of support from management says:

People are getting crazy. Our workers are being coughed at, grabbed at, and one of my friends is suspended after following a customer outside to get their license after being PUNCHED IN THE HEAD for following company policy.

When one grocery worker was asked what she needed at work, one of the key issues she pointed to was the need for greater intervention to protect workers on the job from abusive customers. She wrote:

Everyone required to wear masks, assistance provided from authorities to remove customers who aggressively refuse to abide by social distancing guidelines and are verbally abusive to store associates, mandated limits on how many days an associate can be scheduled (three) before being given a day off in order to decompress, clean uniforms/ required dress, and limit exposure.

These stories are echoed around the country as reports of physical violence against employees enforcing safety rules increase.⁷ In Los Angeles a retail worker at a Target had her arm broken after two customers refused to wear masks. In Perkasio, Pennsylvania a convenience store

⁷Macfarquhar, N. (2020, May 15). Who's Enforcing Mask Rules? Often Retail Workers, and They're Getting Hurt. Retrieved June 1, 2020, from <https://www.nytimes.com/2020/05/15/us/coronavirus-masks-violence.html>

worker was assaulted by a customer who refused to wear a face mask. As more retail stores open up, and mask rules remain in place this trend seems likely to continue.

Uncertainty About Exposure

Not knowing about their level of exposure is another significant source of stress for many essential workers. In addition, some employers simply are not taking exposure seriously. Workers exposed to positive COVID cases are told to come in if they do not have any symptoms.

A teacher at an emergency day care center, earning between \$15-\$20 an hour explains this stress saying:

Tell us when staff are getting sick. They sent out an email stating after the most recent staff case that they weren't going to tell us when more happened, just students. That's creating so much more stress than just telling us and keeping us informed.

An emergency medical technician (EMT) similarly describes the stress and fear stemming from the uncertainty about their level of exposure:

For a few days we had to wear ponchos because we didn't have gowns. We have not been given COVID testing or alternative living opportunities. My employer is also not disclosing whether our patients end up testing positive or not. We are not allowed to wear our own PPE unless we run it by infection control management and I'm not sure they have approved anything for alternative use.

A hospital worker providing non-direct care expressed how this uncertainty translated into concerns for her family at home. She explains:

I think if they get the antibody testing up and running they should test all employees for a baseline for asymptomatic exposure so we know where we stand. As of right now we all assume we can be carriers causing increased stress making going home to our families or getting provisions scary. We don't know if we are taking it home or bringing it in.

For the essential workers on the job during this pandemic, the increased stress is already having severe impacts on mental health. Research on stress also suggests that there may also be long term impacts on workers' psychological and health functioning.⁸

⁸Schneiderman N, Ironson G, Siegel SD. Stress and health: Psychological, behavioral, and biological determinants. Annual Review of Clinical Psychology. 2005;1:607–628.

One grocery worker earning under \$15 per hour explains:

It has been extremely stressful and I have had multiple panic attacks which I normally don't have. The only option to improve is to stop working but I need to work to live.

For workers who may have had preexisting mental health conditions, the stress of work has heightened these issues. An intake coordinator in a healthcare setting earning between \$15-\$20 says:

I started having extreme panic attacks about being at work at the onset of COVID-19. We didn't have a lot of information yet and I couldn't stop myself from worrying. I have 4 autoimmune diseases and scarring in my lungs from multiple bouts of pneumonia in my twenties. My company wants a doctor's note to be out, my doctor won't see me unless I'm sick, hospitals are not safe especially now. I'm terrified. My mental health declined, I had to restart my medication for depression and anxiety, and my OCD symptoms are exacerbated. I'm finding it hard to function.

Another EMT describes just how bad the situation has become saying, “*My mental health has gotten worse and my therapist and I even talked about hospital admission for mental health management.*”

Family Insecurity

Many workers also experience increased spill-over stress at home. During the COVID-19 pandemic this has been particularly manifested around their ability to secure adequate food, childcare, and housing. Of course, many of these same workers also suffer from health care and wage insecurity routinely.

Food

Massachusetts entered the pandemic with greater levels of food security than other states. Pre-pandemic, 9% of Massachusetts households were food insecure.⁹ The national average was 11.7%. Since COVID-19, food insecurity has more than doubled.¹⁰ This finding is very much in line with our survey respondents.

⁹United States Department of Agriculture. Food Security Status of U.S. Households in 2018. (n.d.). Retrieved June 1, 2020, from <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx#foodsecure>

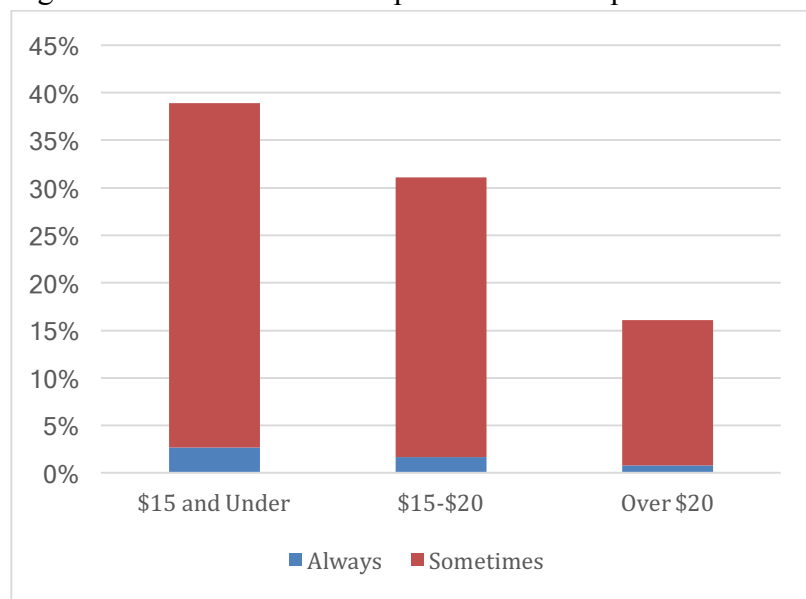
¹⁰ Bauer, L. (2020). The COVID-19 crisis has already left too many children hungry in America. Retrieved June 1, 2020, from <https://www.brookings.edu/blog/up-front/2020/05/06/the-covid-19-crisis-has-already-left-too-many-children-hungry-in-america/>

One in four low wage essential workers are experiencing food insecurity, and one in twelve have used a food bank or other food support in the last week. The issue is more pronounced among workers of color. Among white respondents, 3% report using some sort of food support compared to 12% of Latino respondents and 9% of Black respondents.

While the numbers are lower for higher paid essential workers, one in six of those earning more than \$20 per hour were food insecure at least some of the time. In other research, one in six U.S. children were not getting enough to eat during the very first month of the COVID crisis.¹¹

A quarter of essential workers experience food insecurity some or all of the time, rising to 39% for workers being paid under \$15 per hour. Not surprisingly, food insecurity decreases as wages go up. Thirty one percent of workers earning \$15-20 per hour experience food insecurity, while 16% of workers that earn in excess of 21% share this hardship.

Figure 6. Essential worker respondents who experience food insecurity, by wage



As one survey respondent points out, during the pandemic food costs for some have actually increased. A woman working as a home health aide says, *“Although we aren’t doing many activities and gas is cheap, food is ridiculously expensive and with school closed, the food budget has to increase.”*

¹¹ Ibid.

It is worth noting that among higher wage earners, the high incidence of food insecurity is likely attributable to a different set of factors—notably the long work hours and reduced store hours. A higher wage earner at a major hospital explains this issue saying:

We are doing the best we can but it is very difficult and stressful on everyone. We are here because research is important and we need that research to get a vaccine, but on top of work we still also need to get food and toilet paper and all the other things. It's hard when you work until 5 and grocery stores close at 6.

The high rates of food insecurity are also evident by the extent to which workers accessed some form of emergency food aid in the week prior to the survey. Among workers earning less than \$15 per hour, 9% report using a food bank. Five percent of workers earning between \$15 and \$20 indicate that they have used some food assistance.

Childcare

While the pandemic has exposed and exacerbated the long standing issue of food insecurity for low wage workers, it has also blown a hole in an already tenuous and patchwork system of childcare. For those spending long hours on the job, childcare is critical. The closure of schools and childcare centers around the state have left many workers scrambling for care. This is true for workers across all wage groups, although as usual the problems are greater for workers in the lowest wage categories. Among workers who use child care, half (50%) of all workers earning less than \$15 report that they had not always been able to meet their childcare needs in the previous week. The percentage is similar for respondents earning \$15-\$20 per hour.

Figure 7. Massachusetts essential worker respondents who experience child care insecurity, by wage



A manager at a drive-through restaurant says, *“My son is out of school and I have no child care. My work offers no protection or paid leave for people like me with no child care.”*

Another store manager at a storage and retail space earning under \$20 per hour points to the stress the situation creates for workers. When describing what her life is like during this period she says, *“Stressful, busy, strange. Not having childcare with split households makes life incredibly complicated right now.”*

An Instacart shopper explaining the uncertainty of the moment says:

Personally not really sure about the whole situation and the future. I’m making more money while shopping, but my lack of child care means more time spent on my child and college work as I finish my semester.

With few child care options, essential workers have been encouraged to seek informal non-group care.¹²

One office manager explains, *“Both my spouse and I work and child care is hard to get. I have family watching our child it would be a lot easier if our paid child care would open.”*

Even for those workers who have family that may have helped with childcare during normal times, a high degree of COVID exposure at work means many essential workers are reluctant to risk exposing older family members. A healthcare worker earning less than \$15 per hour explains:

Childcare has been a #1 issue. My boyfriend is also an essential worker and working more hours. I’m at my apartment with our daughter. I struggle because my parents are my main childcare support option but are currently in fear of getting coronavirus and I work in a Covid19 fallout facility right now. Our facility is very infected.

The lack of options has also led some workers to make difficult decisions to secure care away from them during the pandemic. A retail store manager for a chain of electronics stores writes:

I had to send my daughter to live with her father during the pandemic because I am still needed to work. I am a salaried manager and I do not have school or childcare for her during my work shifts.

¹²Cromar, A. (2020, March 24). What you need to know about emergency child care centers, and who's eligible for them. Retrieved June 1, 2020, from <https://www.boston.com/news/local-news/2020/03/24/what-you-need-to-know-about-emergency-child-care-centers-and-whos-eligible-for-them>

Since widespread stay at home orders began in March, there have continued to be a mere 400 childcare centers open around the state of Massachusetts to support essential workers.¹³ Those services are not enough to meet the full need and have been designed for emergency, back-up and drop-in care. Priority in the programs was given to workers in health care, public health, human services and law enforcement, public safety, and first responder fields.

In these child care centers, day-to-day operations are far from normal, severely limiting the contact providers have with parents. One respondent who works in an emergency child care center describes the situation:

The numbers and children change slightly day-to-day. It would also be nice if I had a chance at more family communication. But I don't know these children, and the only interaction I get with their family members are brief moments at the front door with a mask and gloves on. Family members aren't allowed inside. Talking with family members at drop-off/pick-up times is the best way I can learn more about the children in my care, and now I don't have that.

As a parent, these centers can feel like a poor last option. One worker earning under \$20 an hour at a state hospital explains:

I have a 6 month old baby . The state emergency daycares are unsafe . They are mixing toddlers and kids of all ages with the newborns . We are to sign a waiver that releases all liability, even when ending in the death of my child . I found a place that has an infant room that is an emergency daycare in Worcester, it was under renovation and had exposed wires in the ceiling in the unlocked main lobby.

The same worker describes how workplace policies that have not changed to account for the lack of childcare, unfairly penalize workers with children. She writes:

I requested to use the remainder of my maternity leave and was denied. When I have to call out because of childcare, it goes on my record as an unexcused absence. I'm making less than what I made before because I have to miss 2 days a week of work. I'm not eligible to take a leave because I am a core employee. We were given 10 days paid, if these things come up. I'm not looking for money, I'm looking for a safe way to care for my child and not get in trouble with my attendance. The policy is unbelievably unfair to people with children. It's so overwhelming.

¹³Guernelli, S. (2020, April 7). Hundreds of daycare services open across Mass. for essential workers. Retrieved June 1, 2020, from https://www.westernmassnews.com/news/hundreds-of-daycare-services-open-across-mass-for-essential-workers/article_348df3d6-784b-11ea-b9ee-9b009a442f7b.html

Housing

Housing security is an issue for thirteen percent of workers earning under \$15 per hour, compared to 5.5% of workers earning over \$20 per hour.

Figure 8. Essential worker respondents who experience housing insecurity, by wage



While our results do not fully explain the exact source of housing insecurity, some responses from workers do shed light on the housing challenges that are particular to essential workers who have concerns about possibly spreading the virus to their family. One nurse says, *“I have moved out of my home since we became a COVID positive facility due to family members with health issues. I did not want to risk them becoming ill.”*

Another health care worker similarly expresses that:

I typically live with my elderly grandparents in [omitted] as a hand therapist at an outpatient hospital. I got redeployed to be a front entrance screener at the main hospital, and my grandparents requested I move out for the time of the pandemic.

Comparing Surveys

How do these findings compare to a similar survey conducted one week earlier, April 17-24, of 1600 essential workers in Western Massachusetts?¹⁴ Overall, we saw very little difference in the

¹⁴ Hammonds, C., & Kerrissey, J. (2020). "We are not heroes because it is not a choice": A Survey of Essential Workers' Safety and Security During COVID-19. UMass Labor Center Working Paper Series. (2020, May 1).

levels of stress and feeling unsafe at work. Low wage workers continue to experience the least family security and lower access to basic safety practices, such as hand sanitizer or safety training.

We did observe two trends of note. Employers appeared to improve their distribution of protective gear in the second survey. For example, the week ending April 24, 21% of workers reported that they were not provided masks. In the week ending May 1, that number had dropped to 15%.

At the same time, we also observed what appeared to be a growing belligerence among retail customers. While workers wrote about customer aggression the week ending April 24, by the following week it had become a major theme among retail workers. We suspect that this increased aggression is due to a number of reasons, including that COVID-19 related precautions, such as wearing masks or keeping the economy shuttered, were becoming increasingly politicized.¹⁵

Part III: We Need a New, New Deal Now

While there was a fairly well prepared policy framework for responding to a disease pandemic—contact tracing, social distancing, hand washing, face masks and gloves—the playbook for employers and the labor market has yet to be written.¹⁶ The COVID-19 pandemic has revealed profound weaknesses and inequities in the organization of U.S. workplaces and policies to support workers and their families. The lack of corporate and government leadership in creating safe workplaces during the pandemic has been disappointing as well. We imagine that there will be a great deal of political pressure to improve the income security of workers as a result of both these revealed inequalities and the need to stabilize the economy amidst widespread unemployment and businesses closings. Simply copying the best social policies from leader states like Massachusetts will not be good enough.

The short term impact of the pandemic on essential workers has exposed the essential functional importance of workers that have for many years been treated as disposable. Low wage workers have always been at risk for the denial of dignity, but the pandemic seems to have accelerated this hazard. Some of the negative effects they experience in supporting the rest of us comes from

Retrieved June 1, 2020, from [https://www.umass.edu/lrrc/sites/default/files/Western Mass Essential Worker Survey - May 2020.pdf](https://www.umass.edu/lrrc/sites/default/files/Western%20Mass%20Essential%20Worker%20Survey%20-%20May%202020.pdf)

¹⁵ Thomas, Edsall B. “When the Mask You’re Wearing ‘Tastes Like Socialism’.” *The New York Times*, The New York Times, 20 May 2020, www.nytimes.com/2020/05/20/opinion/coronavirus-trump-partisanship.html.

¹⁶Klippenstein, K. (2020, April 7). Exclusive: The Military Knew Years Ago That a Coronavirus Was Coming. Retrieved June 1, 2020, from <https://www.thenation.com/article/politics/covid-military-shortage-pandemic/>

customers neglecting to respect worker safety, expressing their own fears and frustration as disrespect and rudeness. The same can be said of employers, who had already created low wage, precarious jobs in workplaces where employees had little voice, and simply increased the downward pressure on their remaining workforce as they lost workers to the disease. That employers did not immediately take on the burden of creating safe workplaces for their low wage workers reflects our thought that, at least in part, these workers were already being treated as disposable.

The U.S. is nearly alone among high income countries in its institutionalized disrespect for low wage workers. We have heard a great deal in recent years about rising inequality. While the income and wealth of the top 1% has soared, that of the bottom 40% has been stagnant or has fallen.¹⁷ Social scientists know why this has occurred. Declining unionization, increased global trade, and the outsourcing, franchising, and independent contracting of routine jobs have all put downward pressure on low wage workers, while encouraging income transfers to those who run the biggest firms. As these shifts have occurred employers have come to assume that good business practice is compatible with a disposable labor force.

That the COVID-19 pandemic has hit minority and immigrant communities the hardest is in no way a surprise. These are the essential workers who risk illness in order to support their families and meet the consumption needs of the rest of the society. Thirty-nine percent of factory operatives in the U.S. are non-Asian minorities, as are 47% of the service workers who deal directly with the public. As a result of crowding into low wage jobs and higher density households, minorities are both more likely to be exposed to the COVID virus, but also have accumulated higher levels of long term stress and lower access to high quality health care.¹⁸ For these reasons they die at higher rates from the disease.¹⁹ Of course, they were dying at earlier ages all along. Hopefully one lesson from the pandemic will be that no one should be disposable. That everyone is an essential worker. That all families require support, especially in times of hardship.

So what is to be done? We must strengthen the institutions that support workers and their families as central to any long term response to the cruel hardships visited upon essential

¹⁷ Gould, E. (2019, March 27). Decades of rising economic inequality in the U.S.: Testimony before the U.S. House of Representatives Ways and Means Committee. Retrieved June 1, 2020, from <https://www.epi.org/publication/decades-of-rising-economic-inequality-in-the-u-s-testimony-before-the-u-s-house-of-representatives-ways-and-means-committee/>

¹⁸ Ray, R. (2020). Why are Blacks dying at higher rates from COVID-19? Retrieved June 1, 2020, from <https://www.brookings.edu/blog/fixgov/2020/04/09/why-are-blacks-dying-at-higher-rates-from-covid-19/>

¹⁹ Center for Disease Control and Prevention (2020). COVID-19 in Racial and Ethnic Minority Groups. Retrieved June 1, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

workers, before and during this pandemic. We think it incumbent on both employers and policy makers to recognize that all workers and their families are essential. If we move too quickly to restore the status quo pre-COVID-19, we will fall back into treating four in ten Americans as disposable, rather than the essential workers and citizens that they are. If we copy leader states like Massachusetts, it simply will not be good enough.

It is clear to us that the first move in the New, New Deal is to evaluate all social policies in terms of their basic orientation toward respecting the dignity of all people. Policies that permit or even encourage low wage, precarious job creation, that treat minorities or the less skilled as disposable, and treat access to good quality health care as an individual responsibility are the indicators of a country that does not respect its people.

Immediate Recommendations

With states reopening their economies millions of workers face a new normal: working while a global pandemic festers. Several immediate steps would help to support essential workers during this health crisis, including clear and enforceable safety requirements, a seat at the table for workers and their organizations, paid sick days, and hazard pay.

First, safety requirements need to be clear and enforceable. There should not be a single worker who is not provided with a mask, hand sanitizer, or opportunities to wash their hands. In Massachusetts, employers are required to fill out their safety plan and keep it on the premises. However, in addition to the findings of this survey, other evidence suggests that safety issues continue to be a problem in some workplaces. The Boston Globe reported that as of mid May, 13,600 safety complaints related to COVID-19 had been filed with OSHA. Of the half that were closed, zero resulted in a citation or penalty. On May 20th, the Massachusetts Attorney General's Office created a hotline for workers to report unsafe conditions.²⁰ Employers who do not comply with safety regulations should not be allowed to stay open.

Second, workers and worker organizations, like unions and worker centers, need to be part of decision making processes around safety procedures. Unions represent close to 15 million workers nationwide and over 400,00 workers in Massachusetts. Advisory bodies responsible for the decision to reopen must include labor representatives. In addition, workers' rights to collectively insist on safe workplaces must be upheld. Strikes have erupted across the country, and these strikes—even the threat of them—have begun to improve dangerous conditions.²¹ Still, some workers have been fired for striking or protesting dangerous conditions.

²⁰ Report Unsafe Working Conditions during COVID-19. (n.d.). Retrieved from <https://www.mass.gov/forms/report-unsafe-working-conditions-during-covid-19>

²¹ Elk, M. (2020, April 30). COVID-19 Strike Wave Interactive Map. Retrieved June 1, 2020, from <https://paydayreport.com/covid-19-strike-wave-interactive-map/>

Third, there has been a shocking lack of leadership by major corporations in terms of safety and health planning. Leaving responses up to local managers is a bad plan. Major firms need to take responsibility for the safety of their workers.

Fourth, it is clear that many workers will contract COVID-19 at work. Paid sick days are an important step towards ensuring that sick workers are able to stay home, as recommended by public health experts. Employers should not be asked to shoulder this burden.

Finally, financial bonuses for dangerous work must be widespread and meaningful. Only 21% of survey respondents receive hazard pay, and this pay is rarely enough to put low wage workers over \$20 an hour. Anyone earning under \$20 would have received more money had they been laid off and received unemployment. At a minimum, essential workers should earn hazard pay that would be more than what they would receive on unemployment. Essential workers could also be supported through debt relief for student loans and funds towards college tuition.²²

New, New Deal Policies

Most of our current income security policies came out of the 1930s New Deal, when they were tied to employment. What is now clear to us is that the US needs a New, New Deal. We must do a better job of creating respectful jobs, access to high quality health care, and income security for families. We briefly outline our core long-term policy proposals.

Jobs with Dignified Pay

The 1930's "new deal" tied most social insurance to employment. Social security, unemployment, and health insurance were all linked to employment. These practices linger on, but are increasingly dysfunctional. They privilege the employed over the unemployed and saddle employers with much of the cost of providing social safety nets.

The value of the national minimum wage peaked in 1968, when it was worth almost \$12 an hour in 2020 dollars. Today it is \$7.25, worth about 98 cents in 1968 dollars. So while Massachusetts has a high minimum wage at over \$12 per hour, it is barely higher than the national minimum in 1968. A living wage for one adult with no children in Massachusetts is about \$15 an hour.²³ For two working adults with two children it is about \$20 an hour. In Mississippi, which currently

²² Morad, R. (2020). New Proposal: Give Frontline Workers \$25,000 For Tuition And Student Loan Debt Relief. Retrieved June 1, 2020, from <https://www.forbes.com/sites/reneemorad/2020/05/06/new-proposal-give-frontline-workers-25000-for-tuition-and-student-loan-debt-relief/#242b18ea7e4a>

²³ Amy K. Glasmeier, "Living Wage Calculation for Massachusetts" *Living Wage Calculator*, 2016, <https://livingwage.mit.edu/states/25>

operates at the national minimum wage, a living wage for a single childless adult is about \$11 an hour, and for a couple with two children \$13.²⁴ Clearly we need a much higher minimum wage. We recommend a national minimum wage of \$15 an hour with automatic inflation adjustments. States with higher costs of living could and should impose higher local minimum wages. In Massachusetts \$20 an hour seems reasonable.²⁵

Minimum wage regulations in most states do not cover domestic, farm, and tipped workers. These exemptions from standard labor laws were originally an extension of the racial exclusion of black workers from the New Deal.²⁶ It is long past time to end the unprotected hyper-exploitation of these jobs. The Civil Rights Movement challenged the treatment of African Americans as second class citizens; it is time to erase the legacy of racism in the labor market and stop the creation of second class jobs.

The pandemic has revealed that the economic security associated with mass unemployment can be devastating for households and the national economy. The unemployment rate has surged with the COVID-19 economic shut-down, and will probably stay high for the next year or two. It is important to remember that the official unemployment rate has always been misleading. It counts only those people who are out of work and looked for work in the last week. It ignores those who want a job and have not looked for work recently as well as those working part-time but who desire to work full-time hours. If we add those workers, then the Chicago Federal Reserve estimates that in April of 2020 the official unemployment rate jumps from 14.7% to 30.7%. Nearly a third of the U.S. labor force was un- or underemployed by only the second month of the COVID pandemic. Even during the low unemployment period of early 2020 14% of the labor force was un- or underemployed. Since the unemployment rate is still rising, more than five million new claims in the first two weeks of May alone, we can expect that the number of people with no or inadequate work to continue to rise in the near term.

The U.S. could have kept people employed rather than letting its unemployment rate soar. Denmark's unemployment rate was 3.7% in early March—almost exactly the same as the U.S. rate. But Denmark's unemployment rate hardly budged across March and April because policy there, as in much of Northern Europe, kept people employed via government employment subsidies. In a crisis of mass unemployment such subsidies are highly effective in both

²⁴ Amy K. Glasmeier, "Living Wage Calculation for Mississippi" *Living Wage Calculator*, 2016, <https://livingwage.mit.edu/states/28>

²⁵ The classic excuse for keeping the minimum wage low is that if minimum wages were raised employers would hire fewer workers. This scary claim is not supported by the evidence, see Cengiz, Doruk, Arindrajit Dube, Attila Lindner, and Ben Zipperer. "The effect of minimum wages on low-wage jobs." *The Quarterly Journal of Economics* 134, no. 3 (2019): 1405-1454.

²⁶ Quadagno, Jill S. *The color of welfare: How racism undermined the war on poverty*. Oxford University Press, 1994.

supporting households and allowing the economy to bounce back. In the 2008 great recession Germany had the largest drop in GNP of any country in Europe, but because it subsidized employment during that crisis its unemployment rate never went up at all.²⁷ Clearly we can do better.

Keeping people employed in non-crisis periods is probably not a good idea. In those cases wage replacement through unemployment insurance has been the normal policy lever. In times of recession the length of available unemployment insurance is often extended. The CARES ACT response to the COVID pandemic included an extra \$600 a week, raising the unemployment insurance income replacement over 100% in some states.²⁸ Another legacy of the original New Deal is that states set their unemployment replacement levels. These hover between 30 and 45% across all states. In most of Europe replacement rates average closer to 60%.²⁹ Higher replacement rates, like the \$600 COVID bonus, strengthens workers' bargaining power when looking for work, while supporting household through difficult times

As in other respects, the U.S. is an international outlier in its failure to insure job security in the face of worker or family illness. Most essential workers do not have jobs that provide paid sick leave.³⁰ Even in states like Massachusetts and California where paid sick leave is mandated it tends to be very short. In the absence of paid sick leave workers go to work sick. During a pandemic this is an obvious threat to public health. In normal times it is merely a threat to workers' health, and if we decide as a nation to end the practice of treating essential workers as disposable then income security for those who get ill needs to be guaranteed.

Universal access to health care

The 2010 Affordable Care Act, also known as Obamacare, was modeled after Massachusetts' earlier universal health system enacted in 2006 under Republican Governor Mitt Romney. Both are based around private sector health care provision, with a core of privately insured employer-provided health insurance, with secondary public insurance systems for the aged (Medicare) and poor (Medicaid), and last resort public-private systems for everyone else. Some states rejected the Medicaid extensions and still have fairly high rates of uninsured, mostly among low wage

²⁷ Herzog-Stein, Alexander, Fabian Lindner, and Simon Sturn. "The German employment miracle in the Great Recession: the significance and institutional foundations of temporary working-time reductions." *Oxford Economic Papers* 70, no. 1 (2018): 206-224.

²⁸ Koeze, E. (2020, April 23). The \$600 Unemployment Booster Shot, State by State. Retrieved June 1, 2020, from <https://www.nytimes.com/interactive/2020/04/23/business/economy/unemployment-benefits-stimulus-coronavirus.html>

²⁹ OECD. (2020). Net Replacement Rates in Unemployment. Retrieved June 1, 2020, from <https://stats.oecd.org/Index.aspx?DataSetCode=NRR>

³⁰ Schneider, D., & Harknett, K. (2020) The Shift Project, "Essential and Vulnerable: Service Sector Workers and Paid Sick," <https://shift.berkeley.edu/essential-and-vulnerable-service-sector-workers-and-paid-sick-leave/>

workers. As is well known, the U.S. has the most expensive, most unequal, and one of the least effective health care systems in the world.³¹

COVID-19 further exposes the flaws of the U.S. health system. Given the steeply climbing unemployment rate, which at this writing is estimated to be 20% of the labor force and climbing, U.S. reliance on employer provided health insurance is deeply problematic. Roughly thirty million people lost their employer provided health insurance in the initial two months of COVID pandemic job losses.³² Job loss, and so insurance loss, was much steeper for Hispanic and Black workers than they were for whites. Fundamental reform moving toward a single payer Medicare for all system is the only sane way to move forward.

Family income security

A national universal minimum income, not tied to work at all, would both strengthen the bargaining power of low wage workers and support everyone's household. If the U.S. insists on remaining a low wage economy, then it must implement something like a universal basic income in order to prevent the household level hardships that come from low wage, precarious employment. This has already been proposed by some members of Congress in reaction to the COVID-19 shutdown and recession.³³ It is a good idea, even with significant increases in the minimum wage.

Under conditions of mass unemployment, universal income guarantees are also a better solution than unemployment insurance. There is a very good chance that we will see un- and underemployment climbing way past the current 30% of the population. Tying income security to non-existent jobs is a very bad idea.

Finally, unemployment insurance, because it is based on previous work history, is no solution for the millions of young people who will be entering the labor force during a period of very high unemployment.

Methodology

This project uses targeted Facebook advertisements to recruit essential workers in Massachusetts during the COVID-19 pandemic. With over 221 million users in the United States, Facebook has

³¹The Commonwealth Fund. 2020. *United States : International Health Care System Profiles*. Available at: <https://international.commonwealthfund.org/countries/united_states/> [Accessed 3 June 2020].

³²Bauer, L. (2020, May 12). The COVID-19 crisis has already left too many children hungry in America. Retrieved June 1, 2020, from <https://www.brookings.edu/blog/up-front/2020/05/06/the-covid-19-crisis-has-already-left-too-many-children-hungry-in-america/>

³³Widerquist, K. (2020). America is in crisis. We need universal basic income now. *The Guardian*. Retrieved from <https://www.theguardian.com/commentisfree/2020/mar/20/america-coronavirus-recession-universal-basic-income>

the largest user base of any social media platform. A growing body of research uses Facebook and other social media platforms to survey hard-to-reach populations.³⁴ Probability sampling can be difficult for new, emerging, or hidden populations. Facebook’s marketing program allows advertisements to target specific groups of people. We use this feature to study emergent working conditions for a new category of worker: essential workers during the COVID-19 pandemic. This online strategy was particularly important to studying COVID-19, since in-person interviews were not possible.

We targeted Facebook advertisements specifically to residents of Massachusetts. The survey was open for one week, April 24 to May 1, 2020. The advertisement text said, “Are you at work? We want to hear from you!” Upon clicking, users were directed to a survey within the University of Massachusetts *Qualtrics* account that housed the *Massachusetts COVID-19 Essential Workers Survey*. Respondents were invited to participate if they answered “yes” to two screening questions: “Are you working as of April 15, 2020?” and “Are you working in-person (not remotely)?”. Safety concerns were not mentioned in the advertisement or the survey homepage. The survey included both closed and open ended questions. The main open ended question asked respondents to “Tell us about your work and life during COVID-19. What would improve your situation? Almost all respondents contributed qualitative responses. Some responses were short. Common short responses were “I need PPE!” or “Please stay home”. Many respondents, however, wrote at length about being essential workers during COVID-19. These qualitative responses generated hundreds of pages of text, which we then used to identify major themes. A key issue in survey data is how well the characteristics of the survey respondents compare to the population, in this case essential workers in Massachusetts during COVID-19. Because state-wide closures are unprecedented, prior research has not analyzed the demographics of essential workers.

To estimate the population, we use the list of essential services ordered by Massachusetts to identify industries that were allowed to operate during the pandemic.³⁵ We then use the American Community Survey (ACS) to estimate demographics of essential workers. These ACS estimates capture pre-pandemic demographics between 2012 and 2017 and are unable to account for lay-offs, shutdowns, or remote work that occurred in some industries that were considered essential. For example, although restaurants were permitted for delivery and take out, the Massachusetts Restaurant Association reported a 93% drop in restaurant employment during April. While the ACS estimates offer a rough picture of essential workers, they do not precisely capture essential workers and should be used with caution. Since our survey was limited to

³⁴ Schneider, D., & Harknett, K. (2019). What’s to Like? Facebook as a Tool for Survey Data Collection. *Sociological Methods & Research*. <https://doi.org/10.1177/0049124119882477>

³⁵ Massachusetts Office of Governor Charlie Baker and Lt. Governor Karyn Polito. COVID-19: Essential Services. (n.d.). Retrieved June 1, 2020, from <https://www.mass.gov/info-details/covid-19-essential-services>

people who were actually at work in their regular workplace we suspect that our demographic estimates are probably more accurate.

- Race and ethnicity estimates for the ACS and our survey respondents were similar. The ACS estimates 8.6% Latino workers in Massachusetts and Latinos represented 8% of survey respondents. The survey respondents had more White respondents than the ACS would have predicted (84% survey, 76.9% ACS), and fewer Black respondents (2% survey, 6.4% ACS). In the latter case, it seems likely that our survey under counts Black workers.
- The survey generated more responses from women (69%) than the ACS predicted (50%). This reflects, at least in part, the high number of women in healthcare (57%).
- The ACS estimates suggest that healthcare workers make up roughly 15% of essential services; they represent 45% of survey respondents. We suspect that our estimates are more accurate; most healthcare workers are working during the pandemic, whereas other essential services had layoffs or the ability for some workers to work remotely. It is also possible that healthcare workers were more likely to respond to the survey. To account for the potential sampling difference, we analyzed safety practices within industries. Healthcare workers are more likely to report that they have safety mechanisms in place (e.g., training, sanitizer, etc) and are not more likely to feel unsafe than other types of workers.
- Among survey respondents, 47% earn over \$20 an hour. The ACS estimates that 57% earn over \$20. We suspect that the higher number of ACS essential workers that earn over \$20 is due in part to white collar workers who can work remotely, despite working in an industry deemed essential. Remote workers were not eligible to take the survey.

Table 1. Wages of Massachusetts essential worker respondents compared to all Massachusetts essential workers in the American Community Survey

Wage	MA Essential Workers— ACS	Survey
Under \$15	28%	21%
\$15-\$20	15%	32%
Over \$20	57%	47%

- Union membership is another critical comparison group. Because union members may have different experiences with safety issues than workers without unions, it is important to not over sample union members. In Massachusetts, 51% of public sector workers and 7% of private sector workers are union members. Seventeen percent of the survey respondents were union members, which is reasonable since essential workers are a mix of public and private sector workers.

Finally, we compared survey respondents to those from the Western Massachusetts Essential Workers Survey (conducted the week of April 17 using the same Facebook approach). The two

surveys were very similar in their demographics, with roughly the same percentages of respondents by gender, wage band, union status, and industry. One difference is that the Western Massachusetts survey had more white respondents, which reflects the greater population of white people in the region.

Table 2. Demographics of western Massachusetts essential worker survey respondents and all Massachusetts essential worker survey respondents

	All MA Survey	Western MA Survey
% Women	69%	72%
% White	84%	91%
% Wage under \$20	53%	47%
% Union	17%	20%
% Healthcare	45%	45%